

2005

## Wisconsin Composite Estimated Tax Voucher

Form **CN-ES**For Nonresident Partners or Shareholders  
Using Form 1CNP or 1CNS for Calendar Year 2005

Federal Employer Identification Number		
Name of Partnership or Tax-Option (S) Corporation		
Street Address		
City	State	ZIP Code

VOUCHER #1

Due Date: April 15, 2005

**AMOUNT OF PAYMENT**

\$

Please do not staple your payment to this voucher.

**Make your check payable to and mail to:**Wisconsin Department of Revenue  
P.O. Box 8912  
Madison, WI 53708-8912

DC-046

2005

## Wisconsin Composite Estimated Tax Voucher

Form **CN-ES**For Nonresident Partners or Shareholders  
Using Form 1CNP or 1CNS for Calendar Year 2005

Federal Employer Identification Number		
Name of Partnership or Tax-Option (S) Corporation		
Street Address		
City	State	ZIP Code

VOUCHER #2

Due Date: June 15, 2005

**AMOUNT OF PAYMENT**

\$

Please do not staple your payment to this voucher.

**Make your check payable to and mail to:**Wisconsin Department of Revenue  
P.O. Box 8912  
Madison, WI 53708-8912

DC-046

2005

## Wisconsin Composite Estimated Tax Voucher

Form **CN-ES**For Nonresident Partners or Shareholders  
Using Form 1CNP or 1CNS for Calendar Year 2005

Federal Employer Identification Number		
Name of Partnership or Tax-Option (S) Corporation		
Street Address		
City	State	ZIP Code

VOUCHER #3

Due Date: September 15, 2005

**AMOUNT OF PAYMENT**

\$

Please do not staple your payment to this voucher.

**Make your check payable to and mail to:**Wisconsin Department of Revenue  
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Form **CN-ES**

For Nonresident Partners or Shareholders  
Using Form 1CNP or 1CNS for Calendar Year 2005

Federal Employer Identification Number

VOUCHER #4

Due Date: January 17, 2006

Name of Partnership or Tax-Option (S) Corporation
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**AMOUNT OF PAYMENT**

\$

Street Address
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Please do not staple your payment to this voucher.

**Make your check payable to and mail to:**

Wisconsin Department of Revenue  
P.O. Box 8912  
Madison, WI 53708-8912

City	State	ZIP Code
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## Wisconsin Composite Estimated Tax Voucher

Form **CN-ES**

For Nonresident Partners or Shareholders  
Using Form 1CNP or 1CNS for Calendar Year 2005

Federal Employer Identification Number

VOUCHER #5 – EXTENSION PAYMENT

Due Date: April 17, 2006

Name of Partnership or Tax-Option (S) Corporation
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**AMOUNT OF PAYMENT**

\$

Street Address
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Please do not staple your payment to this voucher.

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Wisconsin Department of Revenue  
P.O. Box 8912  
Madison, WI 53708-8912

City	State	ZIP Code
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DC-046